

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2010
NAME OF PROVIDER OR SUPPLIER CATHOLIC CHARITIES OF THE ARCHDIOCESE		STREET ADDRESS, CITY, STATE, ZIP CODE 1438 RHODE ISLAND AVENUE NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments An annual inspection was conducted on March 17, 2010. The survey findings were based on record review and staff interview. The sample sizes were three (3) employee records based on a census of three (3), and (7) home study records based on a census of seven (7). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited.	S 000	Division Director of Children Services, Catholic Charities, will implement corrective actions for employees within the agency effective April 1, 2010. Staff Records- CC Central Services manages all personnel files. Files are managed by HR Manager and are reviewed for compliance monthly. All Clearances are placed on a tickler system and staff is notified 60 days before the current Clearance expires. This system went into effect in August 2008.	04-01-2010
S 103	1611.1(k) Personnel Records (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of three (3) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #3) The finding includes: Review of personnel records on March 17, 2010, at approximately 3:30 p.m., revealed that employee #3 did not have available for review a current physical examination report. Interview with the Division Director on March 17, 2010, at approximately 4:15 p.m., confirmed the findings.	S 103	<u>Personnel File - Clearance Compliance</u> 1. The HR clearance data base will track the due dates of required clearances and other documentation. 2. Using this data base, HR Manager will provide an email notification to the specific staff member of all items that must be completed at 60 days and at 30 days prior to the expiration of that item. 3. The email notification of that item will include specific instructions of what that staff person must do and, if appropriate, a specific form that must be completed for that action to be accomplished. 4. A copy of the email is sent to the Program Manager and Division Director, and it is their responsibility to insure that the staff member completes their responsibility. They are encouraged to take action at the 60 day mark. 5. Health Statement, Drug Test, and relevant Training it is solely the responsibility of the staff member to secure the final documentation and submit it to the HR Manager prior to expiration. 6. During quarterly file reviews, the goal is 100% compliance. If files are found to be out of compliance, staff are notified and given 15 days to complete necessary documents.	08-2008

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

P/C211

If continuation sheet 1 of 1

[Signature] Division Director 4-14-2010

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Division Director** (X6) DATE **4-14-2010**

STATE FORM

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If continuation sheet 1 of 1